

Adoptive Parents' Experiences of Dyadic Developmental Psychotherapy (DDP)

Megan Wingfield & Dr Ben Gurney-Smith

Rationale

The National Institute for Health and Care Excellence (NICE; 2015) have outlined several interventions for supporting young people with attachment difficulties which, despite being frequently used currently have limited good quality evidence. NICE (2015) have recommended that both randomized control trials and qualitative research is conducted into parent and children's experience of interventions including DDP. This study aimed to understand the experience of adoptive parents who completed DDP with a view to informing an understanding of change and the processes of DDP experienced by them. This is the first study of its kind and aimed to inform the growing rationale for a quantitative study of the effectiveness of DDP.

Method

Semi-structured interviews with 12 adoptive parents (7 mothers, 5 fathers, 37-61 years) were analysed using Interpretative Phenomenological Analysis (IPA, Smith, Flowers & Larkin, 2009). Interviews lasted between 41 minutes to 1 hour 19 minutes ($M=57.85$ minutes). Inclusion Criteria: Adoptive parents who completed DDP with a certified or practicum clinician, who completed at least 6 DDP sessions, who had completed sessions within 12 months of interview to ensure good recall of experiences, who were able to give informed consent. Exclusion criteria: Biological parents and any parents of children over 18.

Results

Four superordinate themes and ten subthemes emerged (see table below).

Theme 1 parents reported a better understanding of their child specifically a better insight into their mind and behaviour. This gave parents a new way of supporting their child.

Theme 2 DDP was described as being different to anything they have tried before. Parents reported experiencing a 'eureka moment' where they felt DDP fitted their situation. Parents cited acceptance as a key component and this differentiated it from other approaches.

Superordinate Themes

Subthemes

Increased Understanding

"You get that glimpse into his mind"

A new way to help

"It's a different method of parenting generally"

DDP fits

Acceptance

The DDP journey

The unknown: "I need to see the evidence"

Commitment to the journey

Significance of endings

"It's a shared kind of experience you go through and come out together"

Trust and security

Emotion regulation

The therapist's stance

Theme 3 highlights parents' descriptions of their feelings towards DDP as being like a 'journey'. This journey included an initial period of not knowing the model and without evidence, questioning its effectiveness for them to begin with. Parents described a feeling of becoming committed to DDP, particularly when they began to see positive change. Eleven of the twelve reported positive benefits. Endings were especially significant with feelings of fear or sadness but ultimately feeling ready to move on.

Theme 4 captures the dyadic nature of DDP. It includes the importance of building trust and security and improving co-regulation. The therapist's stance was described as important to embodying and conveying the core components of DDP (e.g. PACE).

Conclusions

Findings support the rationale for this relational approach for attachment difficulties especially when more traditional approaches are not helpful or match the needs of adoptive families. The DDP model is seen by the majority of parents as fitting their needs. Core components of the DDP model (e.g. co-regulation and acceptance) are experienced by adoptive parents and also mark DDP out as being different to other therapies. Aside from generally positive benefits of DDP reported by parents, the findings warrant larger scale quantitative research and would highlight that measures in such studies focus on relational (e.g. co-regulation of parent and child) if they are to capture change reported by adoptive parents in this study.



References: National Institute of Health and Care Excellence (2015). *Children's attachment: attachment in children and young people who are adopted from care, in care, or at high risk of going into care*. Retrieved from: <https://nice.org.uk>

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative Phenomenological Analysis. Theory Method and Research*. London: Sage Publications Ltd.